PRINTED: 03/19/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE STATEMENT OF CORRECTION IDENTIFICATION NUMBER:  AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE STATEMENT OF COMPLETE CONSTRUCTION (X4) DATE STATEMENT OF CONSTRUCTION (X4) DATE STATEMENT OF COMPLETE CONSTR		SURVEY PLETED					
		17E210	B. WING			l	C / <b>18/2013</b>
	OVIDER OR SUPPLIER	<i>(</i>		500	ET ADDRESS, CITY, STATE, ZIP CODE PEABODY ABODY, KS 66866	1 00	10,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	;	F	000			
F 157 SS=G	the Complaint Investi- extended survey. A re	to the provider on 3/19/13. Y OF CHANGES	F	157			
	consult with the resid known, notify the resi or an interested famil accident involving the injury and has the pointervention; a signific physical, mental, or p deterioration in health status in either life the clinical complications significantly (i.e., a ne existing form of treatment of the consequences, or to be a significant of the consequences.	nent due to adverse commence a new form of ion to transfer or discharge					
	and, if known, the res or interested family m change in room or roo specified in §483.15( resident rights under	promptly notify the resident sident's legal representative nember when there is a sommate assignment as (e)(2); or a change in Federal or State law or ed in paragraph (b)(1) of					
	the address and phor legal representative of	ord and periodically update ne number of the resident's or interested family member.					
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	!E		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: N057002

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:  A. BUILDING COMPLE					
		17E210	B. WING			1	C <b>18/2013</b>
	OVIDER OR SUPPLIER  W MANOR OF PEABODY	,		50	EET ADDRESS, CITY, STATE, ZIP CODE 00 PEABODY EABODY, KS 66866	1 001	10/2010
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F 157	Continued From page	÷ 1	F	157			
	by: The facility had a cer sample included 4 res review and interview to adequately assess electanges in condition anotify the physician for and #2)  Findings included:  Review of the 01/22 Note for Resident #2 clear and the resident or health concerns.  Resident #2's quarter 3.0 assessment, date resident had a (BIMS Status score of 7 (see physical and verbal both The MDS also indicate independent with eating dressing, toileting and MDS further indicated oxygen therapy and he trouble breathing.  The 02/11/13 care place changes in the reside physician as needed. The staff to administer as ordered by the physician as ordered by the physician and interview of the physician as redered by the physician and interview of the physician and interview of the physician as ordered by the	evated temperatures, and respiratory distress and or 2 sampled residents. (#1  2/13 Physician's Progress indicated his/her lungs were thad no respiratory distress  ly (MDS) Minimum Data Set d 02/04/13, indicated the brief Interview for Mental vere impairment) with ehaviors and inattention. ed the resident was ng, transfers, ambulation, dipersonal hygiene. The lather resident received no had no shortness of breath or an directed the staff to report and interested the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		17E210	B. WING			1	C 1 <b>8/2013</b>
	OVIDER OR SUPPLIER  W MANOR OF PEABODY	,		5	REET ADDRESS, CITY, STATE, ZIP CODE 00 PEABODY PEABODY, KS 66866	1 03/	10/2013
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F 157	his/her room. The nur resident had an eleval degrees and received (mg) miligrams (per the initiated on 09/16/03, as needed for pain and the resident had an eleval degrees and resident had an eleval degrees and resident had an eleval degrees and resident had an elevated no document the effectiveness of the resident had a dry. The 02/14/13 at 10:28 the resident had laid and required two staffs the floor.  The 02/15/13 at 6:00 the resident had an elevated the resident was lether had to assist the resident ransfers, positioning note also indicated the and an elevated temporary in the resident temporary in the res	sident was stumbling around se's note also indicated the ted temperature of 100.8 2 tablets of Tylenol 325 are physician's order, to administer every 4 hours ad/or elevated temperature).  PM, nurse's note indicated levated temperature of ceived 2 tablets of Tylenol eresident's medical record tation the staff assessed	F	157			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED		
		17E210	B. WING				C	
NAME OF PR	OVIDER OR SUPPLIER	17.2.10	B. Willio	STREE	T ADDRESS, CITY, STATE, ZIP CODE	03/	18/2013	
WESTVIE	W MANOR OF PEABODY	,			PEABODY ABODY, KS 66866			
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F 157	Continued From page	3	F	157				
	the resident had a dry received 2 tablets of <sup>7</sup>							
	the resident was conf and kept stumbling ar nurse's note also indic a 116 of (elevated - n	PM, nurse's note indicated used, refused to stay in bed ound his/her room. The cated the resident had pulse ormal pulse 60 to 80), emperature 104.1 degrees.						
	The 02/15/13 at 3:15 the nurse witnessed t backwards, fall and hinotes indicated the reassessment was with resident had a blood page 15.00 to 15.00	PM, nurse's note indicated he resident stumble it his/her head. The nurse's						
	pressure 140/78, puls temperature 103.6 de	the resident had a blood the 112, respirations 22 and grees (4 hours after last ng for fever). Review of the cord revealed no aff administered the 2 mg for the resident's						
	the resident had an el 104.1 degrees (9 hou 650 mg for fever). Re medical record reveal	ed no documentation the 2 tablets of Tylenol 325 mg						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		17E210	B. WING			C 03/18/2013		
	ROVIDER OR SUPPLIER	ODY		STREET ADDRESS, CITY, STATE, ZIP CC 500 PEABODY PEABODY, KS 66866	-	0/10/2010		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 157	the resident needs and was unable to note indicated the 102/70, pulse 96, normal respiration temperature 103.3 dose of Tylenol 68 note indicated the Tylenol 325 mg to The Neurological indicated the staff following elevated 02/15/13 at 6:00 F 02/15/13 at 10:00 02/16/13 at 2:00 F 02/16/13 at 10:00 Review of the resino documentation resident's lungs so during the 16 hour respirations.  The 02/16/13 at 7 the facility receive administer 75 mg medication) twice (3 days after the story documentation resident's lungs so during the 16 hour respirations.	et 10 AM, nurse's note indicated ed assistance to sit up in bed of ambulate safely. The nurse's resident had a blood pressure respirations 28 (elevated - 18 16 to 20 per minute), 8 degrees (17 hours after last 18 50 mg for fever). The nurse's staff administered 2 tablets of 18 the resident.  Assessment Flow Sheet assessed the resident for the respirations:  PM - 26 respirations  PM - 26 respirations  AM - 24 respirations  AM - 34 respirations  AM - 34 respirations  dent's medical record revealed the staff assessed the punds and/or oxygen levels are the resident had elevated  145 AM, nurse's note indicated a physician's order to of Tamiflu (anti-influenza a day for 5 days to the resident staff had assessed the resident of the resident physician regarding the	F ·	157				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		E CONSTRUCTION		LETED
		17E210	B. WING				C 18/2013
	ROVIDER OR SUPPLIER  W MANOR OF PEABODY	,		5	REET ADDRESS, CITY, STATE, ZIP CODE 00 PEABODY PEABODY, KS 66866	1 03/	10/2013
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F 157	rhonchi (coarse, abnor lungs and oxygen level levels below 88 percedistress).  On 02/16/13 at 12:50 the staff called 911 arroom and the physicial on 02/16/13 at 1:18 F. Nursing Assessment unresponsive and had 104.0. The assessmer resident had rapid, lal of accessory muscles abnormal sounds) in further indicated their Acute Respiratory Fai (insertion of a tube to The 02/17/13 at 12:18 the resident had died On 03/12/13 at 3:41 F. should closely monitor resident's condition sitemperatures and resalso stated the staff's ensure the resident recares and treatments.  On 03/13/13 at 8:11 F. should frequently ass resident's elevated te distress. Nurse C also	PM, nurse's notes and crackles (coarse, both lungs. The assessment esident had a diagnosis of illure requiring Intubation maintain an open airway).  PM, nurse's notes indicated and notified the emergency an.  PM, Emergency Department indicated the resident was an elevated temperature of an also indicated the bored respirations with use and crackles (coarse, both lungs. The assessment esident had a diagnosis of illure requiring Intubation maintain an open airway).  PM, Nurse B stated the staff or and assess changes in the such as elevated piratory distress. Nurse B hould notify the physician to ecieved the appropriate and the staff of	F	157			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		17E210	B. WING			1	C <b>18/2013</b>
	OVIDER OR SUPPLIER  W MANOR OF PEABODY	,		500	ET ADDRESS, CITY, STATE, ZIP CODE D PEABODY EABODY, KS 66866	1 00/	10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 157	ordered by the physic the staff should provi assessments and not resident had elevated respiratory distress.  On 03/13/13 at 9:44 A facility had no standin the staff to notify the phad changes in condistaff should administe ordered to control ele D further stated the st comprehensive assess had changes in condition The facility's failure to elevated temperature respiratory distress for resident harm due to the resident to recieve - Resident #1's quart Set 3.0 assessment, of the resident with transand personal hygiene the resident received no shortness of breat.  The 02/18/13 care plachanges in the reside physician as needed.	ian. Nurse C further stated de comprehensive ify the physician when the temperatures and/or  AM, Nurse D stated the g orders or policies to direct ohysician when a resident tion. Nurse D also stated the er medications as physician wated temperatures. Nurse saff should provide isments when the resident tion and notify the physician.  In notify the physician of s, changes in condition and r Resident #2 caused the an unnecessary delay for extreatment.  Berly (MDS) Minimum Data dated 02/13/13, indicated MS) Brief Interview for for 15 (cognitively intact). He the resident was sfers, ambulation, toileting and the or trouble breathing.  The MDS further indicated no oxygen therapy and had an or trouble breathing.  In directed the staff to report and the care plan also directed medications to the resident	F	157			

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		17E210	B. WING				C 1 <b>8/2013</b>	
	OVIDER OR SUPPLIER  W MANOR OF PEABODY	,		500	ET ADDRESS, CITY, STATE, ZIP CODE D PEABODY EABODY, KS 66866	1 00/	10/2010	
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F 157	the resident had a ter and received 2 tablets milligrams (per the 12 administer every 4 he and/or elevated temporal the resident had a ter and received 2 tablets elevated temperature. The 02/20/13 at 6:30 the resident's voice whad a sore throat.  The 02/21/13 at 1:25 the resident had a ter and received 2 tablets hours after the last ter and received 2 tablets hours after the last ter of fever medication). The 02/21/13 at 2:20 the facility notified the order to administer medication) 75 mg, two resident.  The 02/21/13 at 8:40 the resident had an eresident had an	PM, nurse's note indicated operature of 100.8 degrees is of Tylenol 500 (mg) (/19/11 physician's order to ours as needed for pain erature).  5 PM, nurse's note indicated operature of 103.5 degrees is of Tylenol 500 mg for .  AM, nurse's note indicated as hoarse and the resident  PM, nurse's note indicated operature of 103.5 degrees is of Tylenol 500 mg (15 operature of 103.5 degrees is of Tylenol 500 mg (15 operature check and dose operature check and dose operature check and received an familia (anti-influenza vice a day, for 5 days to the operature of ceived 2 tablets of Tylenol r the last temperature check	F	157				

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		17E210	B. WING				C 18/2013
	OVIDER OR SUPPLIER	L	<u> </u>	5	REET ADDRESS, CITY, STATE, ZIP CODE 500 PEABODY PEABODY, KS 66866	1 03/	10/2013
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F 157	and dose of fever me  The 02/22/13 at 1:00 the staff assisted the due to his/her weakned. The 02/22/13 at 2:40 the resident had an e 102.8 degrees and re 500 mg (11 hours aft check and dose of fever the following blood pro 101/04/13 - 118/72 01/11/13 - 110/70 01/18/13 - 122/78 01/25/13 - 118/60 02/01/13 - 112/80 02/02/13 at 6:20 AM 02/02/13 at 6:20 AM 02/02/13 at 2:40 PM 02/22/13 at 9:45 PM  Review of the resident no documentation the resident for signs of documentation the resident for signs of continuous difficulties and the continuous difficulties and the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident for signs of continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident had an e 102.7 degrees and re 500 mg (7 hours after the continuous difficulties and resident	PM, nurse's note indicated resident to the bathroom ess.  PM, nurse's note indicated levated temperature of ceived 2 tablets of Tylenol er the last temperature ver medication).  at's medical record revealed essures:	F	157			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED		
		17E210	B. WING				C <b>18/2013</b>
	OVIDER OR SUPPLIER			500 P	ADDRESS, CITY, STATE, ZIP CODE PEABODY BODY, KS 66866	1 03/	10/2013
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F 157	also indicated the res 81 percent (oxygen le indicate respiratory di indicated the staff pro at 3 liters/minute per at 6 liters/minute per at 6 liters/minute. The numerisident complained of muscles hurting. Commote revealed no doct assessed the resident the resident had discontinued in the resident soxygen liter/minute oxygen of liter/minute oxygen of liter/minute oxygen. The 02/23/13 at 10:00 the resident was conflevel of 90 percent or review of the nurse's documentation the staresident's lung sound. The 02/24/13 at 6:35	ident had an oxygen level of evels below 88 percent stress). The nurse's note vided oxygen to the resident a nasal cannula.  It's medical record revealed a staff assessed the assessed the staff assessed the assessed the staff assessed the staff assessed the staff assessed and had an oxygen as a liter/minute. Continued note revealed no aff further assessed the	F	157			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		17E210	B. WING _			03/1	;  8/2013
	ROVIDER OR SUPPLIER  W MANOR OF PEABODY	7		STREET ADDRESS, CITY, STATE, ZIP 500 PEABODY PEABODY, KS 66866	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED 1 DEFICI	ACTION SHOULD BE TO THE APPROPRIA		(X5) COMPLETION DATE
F 157	the resident had recerespiratory distress for review of the resident no documentation the resident's lung sound the resident's lung sound the resident's respirate On 03/12/13 at 3:41 F should closely monitor resident's condition sitemperatures and results also stated the staff sensure the resident recares and treatments On 03/13/13 at 8:11 F should frequently assigned the staff should frequently assigned to the staff should proviassessments and not resident had elevated respiratory distress.  On 03/13/13 at 9:44 F facility had no standing the staff to notify the phad changes in condistaff should administed ordered to control eled D further stated the staff comprehensive assess had changes in condistant con	at's medical record revealed ived oxygen therapy due to a 48 hours. Continued 's medical record revealed e staff had assessed the so or notified the physician of tory distress.  PM, Nurse B stated the staff or and assess changes in the each as elevated piratory distress. Nurse B hould notify the physician to ecieved the appropriate of the extended may be a more and respiratory of stated medications for so should be administered as sian. Nurse C further stated de comprehensive if y the physician when the extended the ext	F 1	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		(X3) DATE SURVEY COMPLETED		
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		17E210	B. WING			03/	18/2013
	OVIDER OR SUPPLIER  N MANOR OF PEABODY	,		500 F	FADDRESS, CITY, STATE, ZIP CODE PEABODY BODY, KS 66866		
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F 157 F 309 SS=J	respiratory distress for resident harm due to the resident to recieve 483.25 PROVIDE CA HIGHEST WELL BEIL Each resident must reprovide the necessary or maintain the highest mental, and psychosol	s, changes in condition and ar Resident #1 caused the an unnecessary delay for extreatment.  RE/SERVICES FOR NG  exceive and the facility must by care and services to attain set practicable physical,		309			
	by: The facility had a cer sample included 4 res review and interview to adequately monitor el provide fever medicat physician, accurately respiratory status and sampled residents (#significant respiratory physical health. This to immediate jeopardy.  Findings included:  Review of the 01/22 Note for Resident #2 clear and the resident or health concerns.	evated temperatures, ion as ordered by the and thoroughly assess I notify the physician for 2 1 and #2), who had distress and decline in failure placed the resident in 2/13 Physician's Progress indicated his/her lungs were thad no respiratory distress					
	Resident #2's quarter	ly (MDS) Minimum Data Set					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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F 309	3.0 assessment, date resident had a (BIMS Status score of 7 (see physical and verbal by The MDS also indicate independent with eating dressing, toileting and MDS further indicated oxygen therapy and he trouble breathing.  The 02/11/13 care play changes in the reside physician as needed, the staff to administer as ordered by the physician as needed, the staff noted the resident had an elevate degrees and received (mg) milligrams (per transitional indicated on 09/16/03 hours as needed for permitted the resident had an elevate of the resident had a dry the resident	d 02/04/13, indicated the b) Brief Interview for Mental vere impairment) with ehaviors and inattention. ed the resident was ng, transfers, ambulation, dipersonal hygiene. The difference that the resident received no had no shortness of breath or an directed the staff to report in the care plan also directed medications to the resident visician.  D PM, nurse's note indicated sident was stumbling around rese's note also indicated the ted temperature of 100.8 In 2 tablets of Tylenol 325 In 2 tablets of Tylenol 325 In 3 tablets of Tylenol 325 In 4 tablets of Tylenol 325 In 4 tablets of Tylenol 325 In 5 tablets of Tylenol 325 In 6 tablets of Tylenol 325 In 7 tablets of Tylenol 325 In 8 tablets of Tylenol 325 In 9 tablets of T	F	309			

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F 309	and required two staff the floor.  The 02/15/13 at 6:00 the resident had an el 102.6 degrees and re 325 mg (14 hours afte 650 mg for fever).  The 02/15/13 at 1:00 the resident was lether had to assist the resident transfers, positioning note also indicated the and an elevated temphours after the last temphours after the last temphours after the last temphours after the sident had a dry received 2 tablets of The 02/15/13 at 1:15 the resident was confiand kept stumbling an nurse's note also indicated the resident was confiand kept stumbling an nurse's note also indicated the resident was with resident had a blood process of the nurse witnessed the sassessment was with resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the resident had a blood process of the nurse witnessed the nurse w	AM, nurse's note indicated levated temperature of ceived 2 tablets of Tylenol er the last dose of Tylenol "fed to usually independent with and eating). The nurse's er ersident had a loose stool er erature of 103.1 degrees (7 imperature check and dose of the productive cough and Tylenol 325 mg.  PM, nurse's note indicated used, refused to stay in bed round his/her room. The cated the resident had pulse all pulse 60 to 80), imperature 104.1 degrees.  PM, nurse's note indicated the resident stumble it his/her head. The nurse's	F	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		17E210	B. WING			1	C <b>18/2013</b>
	ROVIDER OR SUPPLIER  W MANOR OF PEABODY			5	REET ADDRESS, CITY, STATE, ZIP CODE 600 PEABODY PEABODY, KS 66866	1 03/	10/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	pressure 140/78, pulsitemperature 103.6 de dose of Tylenol 650 n resident's medical recodocumentation the statablets of Tylenol 325 elevated temperature  The 02/15/13 at 10:00 the resident had an elevated temperature  The 02/15/13 at 10:00 the resident had an elevated temperature 104.1 degrees (9 hou 650 mg for fever). Remedical record reveal staff administered the for the resident's elevated and was unable to an note indicated the resident needed a and was unable to an note indicated the resident respirations 10 temperature 103.3 dedose of Tylenol 650 n note indicated the statatylenol 325 mg to the The Neurological Ass	PM, neurological I the resident had a blood ie 112, respirations 22 and igrees (4 hours after last ing for fever). Review of the cord revealed no aff administered the 2 img for the resident's  D PM, nurse's note indicated devated temperature of rs after last dose of Tylenol view of the resident's ed no documentation the 2 tablets of Tylenol 325 mg ated temperature.  AM, nurse's note indicated desistance to sit up in bed inbulate safely. The nurse's ident had a blood pressure pirations 28 (elevated - identify to the control of the resident.  By the control of the resident.  Control of the resident o	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		17E210	B. WING				C <b>18/2013</b>
	OVIDER OR SUPPLIER	,	1	5	REET ADDRESS, CITY, STATE, ZIP CODE 00 PEABODY PEABODY, KS 66866	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	no documentation the resident's lungs sound during the 16 hours the respirations.  The 02/16/13 at 7:45 the facility received a administer 75 mg of Temedication) twice a da (3 days after the staff for influenza symptom Review of the resident any documentation from the facility notified the resident's change in control (coarse, abnormal lungs and oxygen levels below 88 percentistress).  On 02/16/13 at 12:50 the staff called 911 ar room and the physicial on 02/16/13 at 1:18 F. Nursing Assessment.	t's medical record revealed estaff assessed the ds and/or oxygen levels he resident had elevated  AM, nurse's note indicated physician's order to famiflu (anti-influenza ay for 5 days to the resident had assessed the resident (oxygen and lung sounds) in both had assessed the resident (oxygen and indicate respiratory  PM, nurse's notes indicated had notified the emergency and the resident was did an elevated temperature of	F	309	DEFICIENCY)		
	of accessory muscles abnormal sounds) in I	pored respirations with use and crackles (coarse, poth lungs. The assessment esident had a diagnosis of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
F 309	(insertion of a tube) The 02/17/13 at 12 the resident had d On 03/12/13 at 32 should closely mo resident's conditio temperatures and also stated the statensure the resider cares and treatme On 03/13/13 at 82 should frequently resident's elevated distress. Nurse C elevated temperatures and resident had elevated temperatures and resident had elevated temperatures on 03/13/13 at 92 facility had no start the staff to notify the staff should adminordered to control D further stated the comprehensive as had changes in control The facility failed to temperatures, pro-	Failure requiring Intubation to to maintain an open airway).  2:15 AM, nurse's note indicated ied at the hospital.  41 PM, Nurse B stated the staff into and assess changes in the insuch as elevated respiratory distress. Nurse B iff should notify the physician to intreceived the appropriate ints.  41 AM, Nurse C stated the staff interesting assess and record the interesting at the insuch as the insuch as elevated into intreceived the appropriate ints.  42 AM, Nurse C stated the staff interesting assess and record the interesting at the interesting as in the interesting interesting as in the interesting interesti	F	309				

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the respiratory status significant respiratory physical health.  Resident #1's quart Set 3.0 assessment, the resident had a (B Mental Status score of The MDS also indical independent with training personal hygienes the resident received no shortness of breat The 02/18/13 care plachanges in the resident physician as needed the staff to administe as ordered by the physician as needed the staff to administe as ordered by the physician as needed the staff to administe as ordered by the physician as needed the staff to administe and received 2 tablet milligrams (per the 12 administer every 4 hand/or elevated temporature the 02/20/13 at 10:2 the resident had a ten and received 2 tablet elevated temperature. The 02/20/13 at 6:30 the resident's voice whad a sore throat.	for Resident #2., who had distress and decline in terly (MDS) Minimum Data dated 02/13/13, indicated IMS) Brief Interview for of 15 (cognitively intact). Ited the resident was asfers, ambulation, toileting in the MDS further indicated in an oxygen therapy and had in or trouble breathing.  In directed the staff to report ent's health status to the indicated in medications to the resident sysician.  PM, nurse's note indicated in medication of 100.8 degrees is of Tylenol 500 (mg) 2/19/11 physician's order to ours as needed for pain terature).  FM, nurse's note indicated in medicated in medicated for pain terature of 103.5 degrees is of Tylenol 500 mg for it.  AM, nurse's note indicated was hoarse and the resident was hoarse and the resident in the resident was hoarse and the resident in the	F	309			
	SUMMARY ST (EACH DEFICIENC REGULATORY OR I  Continued From page the respiratory status significant respiratory physical health.  Resident #1's quart Set 3.0 assessment, the resident had a (B Mental Status score of The MDS also indicat independent with trar and personal hygiene the resident received no shortness of breat  The 02/18/13 care pla changes in the reside physician as needed. the staff to administe as ordered by the phy  The 02/20/13 at 4:45 the resident had a ter and received 2 tablet milligrams (per the 12 administer every 4 h and/or elevated temp  The 02/20/13 at 10:2: the resident had a ter and received 2 tablet elevated temperature  The 02/20/13 at 6:30 the resident's voice w had a sore throat.	OVIDER OR SUPPLIER  **Manor Of Peabody**  Summary Statement of Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 17  the respiratory status for Resident #2., who had significant respiratory distress and decline in physical health.  - Resident #1's quarterly (MDS) Minimum Data Set 3.0 assessment, dated 02/13/13, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15 (cognitively intact). The MDS also indicated the resident was independent with transfers, ambulation, toileting and personal hygiene. The MDS further indicated the resident received no oxygen therapy and had no shortness of breath or trouble breathing.  The 02/18/13 care plan directed the staff to report changes in the resident's health status to the physician as needed. The care plan also directed the staff to administer medications to the resident as ordered by the physician.  The 02/20/13 at 4:45 PM, nurse's note indicated the resident had a temperature of 100.8 degrees and received 2 tablets of Tylenol 500 (mg) milligrams (per the 12/19/11 physician's order to administer every 4 hours as needed for pain and/or elevated temperature).  The 02/20/13 at 10:25 PM, nurse's note indicated the resident had a temperature of 103.5 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature.  The 02/20/13 at 6:30 AM, nurse's note indicated the resident's voice was hoarse and the resident	OVIDER OR SUPPLIER  N MANOR OF PEABODY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 17  the respiratory status for Resident #2., who had significant respiratory distress and decline in physical health.  - Resident #1's quarterly (MDS) Minimum Data Set 3.0 assessment, dated 02/13/13, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15 (cognitively intact). The MDS also indicated the resident was independent with transfers, ambulation, toileting and personal hygiene. The MDS further indicated the resident received no oxygen therapy and had no shortness of breath or trouble breathing.  The 02/18/13 care plan directed the staff to report changes in the resident's health status to the physician as needed. 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OVIDER OR SUPPLIER  N MANOR OF PEABODY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 17 the respiratory status for Resident #2., who had significant respiratory distress and decline in physical health.  - Resident #1's quarterly (MDS) Minimum Data Set 3.0 assessment, dated 02/13/13, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15 (cognitively intact). The MDS also indicated the resident was independent with transfers, ambulation, toileting and personal hygiene. The MDS further indicated the resident received no oxygen therapy and had no shortness of breath or trouble breathing.  The 02/18/13 care plan directed the staff to report changes in the resident's health status to the physician as needed. The care plan also directed the staff to administer medications to the resident as ordered by the physician.  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OVIDER OR SUPPLIER  N MANOR OF PEABODY  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY PLL  (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY PLL  (EACH CORRECTIVE ACTION SHOULD B  (EACH CO	OVIDER OR SUPPLIER  17E210  STREET ADDRESS, CITY, STATE, ZIP CODE  50 PEABODY  SUMMARY STATEMENT OF DEFICIENCIES GLOCK DEFICIENCY WIS 16 PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 17 the respiratory status for Resident #2_, who had significant respiratory distress and decline in physical health.  - Resident #1's quarterly (MDS) Minimum Data Set 3.0 assessment, dated 02/13/13, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15 (cognitively intact). The MDS also indicated the resident with transfers, ambulation, toileting and personal Hygiene. The MDS further indicated the resident received no oxygen therapy and had no shortness of breath or trouble breathing.  The 02/18/13 care plan directed the staff to administer wedications to the resident as ordered by the physician.  The 02/20/13 at 4.45 PM, nurse's note indicated the resident had a temperature of 100.8 degrees and received 2 tablets of Tylenol 500 (mg) milligrams (per the 12/19/11 physician's order to administer wedications to the resident and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.5 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.6 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.6 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 102.8 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 102.8 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.6 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.8 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.8 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.8 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.8 degrees and received 2 tablets of Tylenol 500 mg for elevated temperature of 103.8 degrees and received 2 tablets of Tylenol 500 mg for elevated

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		17E210	B. WING				C <b>18/2013</b>
	OVIDER OR SUPPLIER  W MANOR OF PEABODY	,		500	EET ADDRESS, CITY, STATE, ZIP CODE  10 PEABODY  EABODY, KS 66866	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 309	hours after the last te of fever medication).  The 02/21/13 at 2:20 the facility notified the order to administer 1 medication) 75 mg, to resident.  The 02/21/13 at 8:40 the resident had an et 103.9 degrees and re 500 mg (7 hours after and dose of fever medication) 75 mg, to resident had an et 101.5 degrees and re 500 mg (7 hours after and dose of fever medication) 75 mg, to resident had an et 101.5 degrees and re 500 mg (7 hours after and dose of fever medication) 75 mg, to resident had an et 102/22/13 at 1:00 the staff assisted the due to his/her weakness the 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever medication) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (11 hours after check and dose of fever mg) 102.8 degrees and re 500 mg (1	PM, nurse's note indicated evated temperature of ceived 2 tablets of Tylenol r the last temperature of ceived 2 tablets of Tylenol r the last temperature check dication).  PM, nurse's note indicated evated temperature of ceived 2 tablets of Tylenol r the last temperature of ceived 2 tablets of Tylenol r the last temperature of ceived 2 tablets of Tylenol r the last temperature check dication).  PM, nurse's note indicated resident to the bathroom ess.  PM, nurse's note indicated resident to the bathroom ess.  PM, nurse's note indicated revated temperature of ceived 2 tablets of Tylenol er the last temperature of ceived 2 tablets of Tylenol er the last temperature ver medication).	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD			(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER  W MANOR OF PEABOD	,	•	500	T ADDRESS, CITY, STATE, ZIP CODE PEABODY ABODY, KS 66866	•		
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F 309	O2/22/13 at 2:40 PM O2/22/13 at 9: 45 PM Review of the resider no documentation the resident for signs of osudden hypotension (notified the physician change in condition.  The O2/22/13 at 9:45 the resident had an eresident had an eresident had an eresident had an eresident had dose of fever meresident (oxygen lesindicated the resident (oxygen lesindicated the staff property of the resident of the resident of the resident sound of the resident continued liters/minute. The nurresident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of muscles hurting. Connote revealed no documentation of continued in the resident complained of the resident continued in the resident	- 90/50 (normal 120/80) - 94/54 - 90/58  It's medical record revealed estaff had assessed the lehydration related to his/her flow blood pressure) and/or regarding the resident's  PM, nurse's note indicated levated temperature of ceived 2 tablets of Tylenol or the last temperature check dication). The nurse's note ident had an oxygen level of evels below 88 percent stress). The nurse's note ivided oxygen to the resident anasal cannula.  It's medical record revealed estaff assessed the se.  AM, nurse's note indicated do to receive oxygen at 3 se's note also indicated the of his/her upper chest tinued review of the nurse's umentation the staff further t's lung sounds, although	F	309				

NAME OF PROVIDER OR SUPPLIER  WESTVIEW MANOR OF PEABODY  WESTVIEW MANOR OF PEABODY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 309  Continued From page 20  The 02/23/13 at 3:40 PM, nurse's note indicated the resident's oxygen level was 91 percent on 3 liter/minute oxygen Continued review of the nurse's note revealed no documentation the staff further assessed the resident's lung sounds, although previously the resident had complained		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  WESTVIEW MANOR OF PEABODY  PEABODY  PEABODY, KS 66866   (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 309  Continued From page 20  The 02/23/13 at 3:40 PM, nurse's note indicated the resident's oxygen level was 91 percent on 3 liter/minute oxygen Continued review of the nurse's note revealed no documentation the staff further assessed the resident's lung sounds,			17E210	B. WING				
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The 02/23/13 at 3:40 PM, nurse's note indicated the resident's oxygen level was 91 percent on 3 liter/minute oxygen Continued review of the nurse's note revealed no documentation the staff further assessed the resident's lung sounds,	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
of his/her upper chest muscles hurting.  The 02/23/13 at 10:00 PM, nurse's note indicated the resident was confused and had an oxygen level of 90 percent on 3 liter/minute. Continued review of the nurse's note revealed no documentation the staff further assessed the resident's lung sounds.  The 02/24/13 at 6:35 AM, nurse's note indicated the staff found the resident deceased in his/her room.  Review of the resident's medical record revealed the resident had received oxygen therapy due to respiratory distress for 48 hours. Continued review of the resident's medical record revealed no documentation the staff had assessed the resident's lung sounds or notified the physician of the resident's respiratory distress.  On 03/12/13 at 3:41 PM, Nurse B stated the staff should closely monitor and assess changes in the resident's condition such as elevated temperatures and respiratory distress. Nurse B also stated the staff should notify the physician to ensure the resident received the appropriate cares and treatments.  On 03/13/13 at 8:11 AM, Nurse C stated the staff should frequently assess and record the	F 309	The 02/23/13 at 3:40 the resident's oxygen liter/minute oxygen Course's note revealed further assessed the although previously the of his/her upper chest. The 02/23/13 at 10:00 the resident was conflevel of 90 percent or review of the nurse's documentation the staresident's lung sound. The 02/24/13 at 6:35 the staff found the resident's lung sound. Review of the resident had receives of the resident had receives of the resident no documentation the resident's lung sound the resident's lung sound the resident's respirate. On 03/12/13 at 3:41 Fishould closely monitor resident's condition statemperatures and resident and resident recares and treatments. On 03/13/13 at 8:11 Figure 1.1 for 0.0 the resident recares and treatments.	PM, nurse's note indicated level was 91 percent on 3 continued review of the ino documentation the staff resident's lung sounds, he resident had complained it muscles hurting.  D PM, nurse's note indicated used and had an oxygen in 3 liter/minute. Continued note revealed no aff further assessed the staff further assessed the staff had assessed in his/her in the modern of the physician to be predicted the physician to predicted the physician	F	309			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		17E210	B. WING _				C <b>18/2013</b>
	ROVIDER OR SUPPLIER	,	•	500 I	T ADDRESS, CITY, STATE, ZIP CODE PEABODY ABODY, KS 66866		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	distress. Nurse C also elevated temperature ordered by the physic the staff should provi assessments and not resident had elevated respiratory distress.  On 03/13/13 at 9:44 A facility had no standin the staff to notify the phad changes in condistaff should administe ordered to control ele D further stated the scomprehensive assess had changes in condition or the facility failed to a thoroughly assess, printerventions and to pintervention for Resid respiratory distress where the facility's failure to thoroughly assess, printerventions and to pintervention placed R immediate jeopardy.  The immediate jeopardy.  The immediate jeopard 18, 2013, when the facility assessing a distribution or the facility of the immediate jeopardy.	mperatures and respiratory of stated medications for a should be administered as sian. Nurse C further stated de comprehensive ify the physician when the attemperatures and/or the stated the goorders or policies to direct physician when a resident tion. Nurse D also stated the er medications as physician wated temperatures. Nurse that should provide asments when the resident tion and notify the physician.  Indequately monitor, ovide consistent aromptly obtain medical ent #1, who had significant ithout physician notification.  In adequately monitor, ovide consistent aromptly obtain medical ent #1 and #2 in and was abated on March accility implemented policy cute Change in condition and identifying its nature, by physician and responsible nitoring the resident's	F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
		17E210	B. WING _			l	C <b>18/2013</b>
	ROVIDER OR SUPPLIER	,		500 PE	ADDRESS, CITY, STATE, ZIP CODE EABODY CODY, KS 66866		10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	actions taken and restreatments implement effectiveness of as new The facility implement Medicare and International Internati	n of assessment findings, ident response to the ted including the teded medications.  Ited the CMS (Center for id Services) INTERACT in Form and Progress Note, ins., (dehydration, fever, us, symptoms of lower and symptoms of UTIs is) and "when to notify the sted at each nurses station. If be implemented for the monitored each shift.	F3	309			